



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/772,959
Filing Date	January 31, 2001
First Named Inventor	Joe Teixeira
Art Unit	2664
Examiner Name	Chuong T. Ho
Total Number of Pages in This Submission	6
Attorney Docket Number	19176.0006

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form & Duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request & Duplicate <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request for Continued Examination
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Schwartz, Reg. No. 40,161 Swidler Berlin Shreff Friedman LLP
Signature	
Date	December 7, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450

Complete if Known

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Art Unit	2664
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METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number	19-5127
Deposit Account Name	Swidler Berlin Shreff Friedman LLP

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
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- Credit any overpayments
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-
- Charge any additional fee(s) or any underpayment of fee(s)
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-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$ 0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	=	Extra Claims	Fee from below	X	=	Fee Paid
Independent Claims	-3 **	=	0		X	=	0
Multiple Dependent					X	=	0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2)		(\$ 0	

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____		SUBTOTAL (3) (\$ 450	

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Schwartz	Registration No. (Attorney/Agent)	40,161	Telephone	202/424-7500
Signature	<i>Michael A. Schwartz</i>			Date	December 7, 2004

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